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RUCPDO/DEPT OF COMMERCE WASHDC
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RUEHPH/CDC ATLANTA GA
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UNCLAS SECTION 01 OF 03 RABAT 000391

SIPDIS
SENSITIVE

STATE FOR OES/IHB - JJONES AND CPATTERSON
STATE ALSO FOR EEB/TPP/MTAA/ABT - ARYAN AND NEA/MAG
AID/W FOR GBH
USDA FOR FAS, APHIS, AND OSTA
HHS FOR CDC

E.O. 12958: N/A
TAGS: [ASEC](#) [AMED](#) [CASC](#) [TBIO](#) [PINR](#) [AMGT](#) [TF](#) [KFLU](#) [KFLO](#)
KSAF, KPAO, MO
SUBJECT: TFFLU01: MOROCCAN INFLUENZA PREPARATIONS

REF: RABAT 0390 (NOTAL)

11. (SBU) Summary: Morocco has reinforced its influenza surveillance and response measures as H1N1 influenza cases draw nearer to the Kingdom. The Government of Morocco (GOM) has instituted surveillance of arriving travelers and is purchasing more anti-viral medication to add to its current stockpiles. Morocco's previous pandemic planning includes pandemic influenza/avian influenza (PI/AI) committee chaired by the Prime Minister, a national command structure for PI response, and national response plans for individual agencies and ministries. Although response plans and preventive measures are well defined (with CDC assistance), Morocco's health system would likely be overwhelmed by a full-blown epidemic of any highly-lethal influenza strain. End Summary.

NO CURRENT H1N1 CASES IN MOROCCO
(OR IN SPANISH ENCLAVES)

12. (U) As of May 7, Moroccan authorities had registered no suspected or confirmed cases of A/H1N1 type influenza in the Kingdom. A May 6 public statement from the Spanish Ministry of Health confirmed that an Italian tourist quarantined on May 4 in the Spanish enclave of Ceuta on the northern Moroccan coast did NOT/NOT have the A/H1N1 flu strain.

INFLUENZA COUNTERMEASURES IN PLACE

13. (SBU) Morocco has deployed thermal imagers supervised by Ministry of Health (MOS) doctors to ports of entry to monitor arriving passengers. (Note: As reported to the Task Force, GOM contacts were unable to specify the model of imagers, but EconOff believes based on visual comparison to published photographs that the thermal imagers are identical to or similar to SEMA WORLD product HFTCI TCS PCA5-8. End Note.) The imaging devices are deployed at all international airports, and at the larger marine ports, according to Moroccan National Institute of Hygiene (INH) Influenza Chief Dr. Amal Barakat. Barakat was unable to identify more precisely the number or names of the marine ports.

¶4. (SBU) Passengers from all flights regardless of provenance are screened for temperature via thermal imaging. In addition, the MOS teams at the airports have requested that carriers provide a list of transit passengers who joined the flight to Morocco from a prior leg along with their original point of departure, in order to identify the countries visited by travelers on the arriving flight. According to Barakat, if a passenger is found to have a temperature above 38 degrees Celsius, he/she is detained briefly to answer a questionnaire on travel and other information, and requested to provide a specimen for laboratory analysis. (Note: Morocco conducts influenza analysis at the INH and the Pasteur Institute of Casablanca. End Note.) The MOS also notes the names and contact information for other passengers on that individual,s flight. The MOS then recommends that the passenger remain at home and rest for the next several days, while it maintains telephone contact at least once per day. If the case is confirmed positive for H1N1, the MOS will then follow up with the other passengers to recommend they stay home, and test them for influenza as well.

¶5. (SBU) Morocco's Ministry of Agriculture and Maritime Fisheries instituted a ban on importation of pigs and pork products on April 26. After Charge demarched Minister of Agriculture Aziz Akhannouch on May 5 regarding the ban, Akhannouch replied that the ban was only temporary to ease public concerns (Reftel). Morocco has only a small domestic pig-raising sector, comprised of six commercial pig farmers near Agadir, with a total stock of only 4,000 animals. The Ministry of Agriculture has been vocal in reassuring the

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public that these pigs are not carriers of the H1N1 virus, and the Ministry has stepped up veterinary surveillance of the farms to tamp down fears.

¶6. (SBU) Minister of Health Yasmina Baddou announced on May 5 that the GOM has committed an additional USD 100 million to influenza countermeasures. Ministry of Health Deputy Director of Epidemiology Abderrahmane Benmamoun told EconOff on May 6 that the majority of that sum will be used to purchase 3 million courses of Tamiflu (in addition to the current 1 million-course GOM stockpile) to bring the total treatment courses to 4 million, sufficient for approximately 10 percent of the kingdom's population. The rest of the money is intended to purchase additional personal protective equipment (gloves, masks and suits for medical personnel), and laboratory reagents for diagnostic tests. Benmamoun said that the GOM preferred to stick with one type of anti-viral medicine instead of alternating Tamiflu with other types of medication, and expected that a "good part" of its 3 million course order could be delivered with ten days or so despite heavy demand on medication producer Roche.

NATIONAL PANDEMIC RESPONSE PLAN

¶7. (SBU) The GOM created in 2005 two principal bodies for dealing with PI/AI. The Inter-Ministerial Committee for Pandemic Influenza is chaired by the Prime Minister and includes the Ministers of Agriculture, Health and Interior. It is responsible for strategic oversight of GOM planning and response to PI/AI. The Central Command Post (PCC) is the operational committee for specific responses to PI. Members of the PCC include representatives of the Ministries of Agriculture, Health and Interior, as well as representatives from the National Police, the Gendarmerie and the military. The PCC meets weekly during normal periods and more frequently during outbreaks, and it supervises the work of Provincial Command Posts (PCPs) in each of Morocco's provinces.

¶8. (SBU) The PCC developed a National Plan for PI, and each constituent agency has developed an individual plan to

fulfill its mission as elaborated under the National Plan. The U.S. Centers for Disease Control have assisted in formulating the GOM's handbook for PI response, including assisting in tabletop exercises to train PCC participants in response.

¶9. (SBU) The National Plan guided spending of approximately USD 25 to 30 million in 2007-2008, divided approximately evenly among treatments (i.e., Tamiflu) and supplies (e.g. personal protective equipment, much of it now prepositioned around the country). The GOM has already stockpiled courses of Tamiflu to treat 1 million influenza cases, in two forms, gel and powder. Based on Ministry of Health planning (borrowing from U.S. and French planning models for epidemic propagation), a PI episode in Morocco would likely require treatment for 7 million cases; the capability for 1 million was a compromise based on available resources. The gel dosage has an expiration date of 2011 (the powder expires in 2014), and the GOM is currently debating disposition/use and replacement plans for the stockpile.

SURVEILLANCE

¶10. (SBU) The Ministry of Health has a nationwide integrated surveillance system for influenza-like illness (ILI), in which hospitals are required to report ILI cases to the Ministry, which follows the cases to conclusion. Hospitals send virus samples to the 16 regional laboratories, which then send suspect cases, including any suspected AI samples, to the National Institute of Hygiene (INH) for confirmation.

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¶11. (SBU) The Ministry of Agriculture, the High Commission for Water and Forests, and the Gendarmerie share responsibility for animal surveillance. Industrial livestock and poultry companies are required to have veterinarian inspections, and local authorities are responsible for surveillance of other domesticated animals. The GOM pays farmers and private livestock owners for providing samples of dead animals, resulting in very high incidence of reporting and testing of dead animals. Under recent regulatory reforms, now over 85 percent of poultry raising takes place under some sort of organized capacity subject to regulatory control (as opposed to unregulated raising in private homes). The High Commission for Water and Forests traps and samples migratory birds during each seasonal migration, and forestry employees and rural gendarmes are trained and required to collect dead wild birds and send them to laboratories for testing.

PI RESPONSE PLANS

¶12. (SBU) The GOM Pandemic Influenza response plans assume that the Ministry of Interior will be primarily responsible for any actions involving quarantine or other restrictions on movement. The MOI will also be responsible for providing supplies to households or communities under quarantine. As noted above, although modeling of PI suggests that approximately 7 million persons would benefit from Tamiflu treatment under a pandemic situation, the GOM currently possesses only sufficient stocks to treat 1 million people (with more purchases planned as noted above). MOS officials suggested that a triage would identify patients likely to recover without assistance of medication, allowing treatment of more severe cases with Tamiflu.

¶13. (SBU) Individual ministries and agencies (Interior, police forces, transportation industries, etc.) have participated in formulating response plans, and are each responsible for developing their own response plan to carry out actions that may be required. The PCC has also developed

a communication plan for internal and public communications to convey instructions to government officials and the general public in case of an emergency; MOS officials note that the communications planning has been the most beneficial outcome of PI planning, as the capabilities can be used in response to any other type of emergency.

GOOD PLANS BUT LIMITED RESOURCES

¶14. (SBU) Comment: The GOM has worked out serious and credible response plans to pandemic influenza, including several simulations in the past three years for personnel who would be responsible for any response. The CDC's liaison for collaboration with Morocco told EconOff that Morocco is far ahead of any other developing country in the Mediterranean region in planning and capacity for handling pandemic influenza. That said, the Mission assesses that in a pandemic situation, the number of victims would likely overwhelm the limited number of medical personnel and facilities, leaving most affected persons to be cared for by relatives. Post is highly cognizant of these infrastructure and personnel limitations in evaluating our own options in responding to an epidemic in Morocco. End Comment.

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